

May 17, 2017

**VIA Electronic Comment Filing System** 

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re:

WC Docket No. 16-233

2017 Common Carrier Annual Employment Report

Columbine Telephone Company, Inc.

CONFIDENTIAL - PURSUANT TO 47 CFR § 0.459(a)

Dear Ms. Dortch:

Submitted herewith are copies of the redacted version and confidential portions of the 2017 Common Carrier Annual Employment Report — FCC Form 395 for Columbine Telephone Company, Inc. Confidential treatment is requested pursuant to 47 CFR § 0.459(a), under Section 709, Title VII of the Civil Rights Act of 1964, as amended.

The redacted version of the report is filed via the FCC's ECFS, as noted above.

Please direct any questions about this filing to me at the phone number below or by email to: mamotzkus@silverstar.net.

Sincerely.

Michelle Motzkus

Legal & Regulatory Administrator

307-883-6690

**Enclosures** 

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## REDACTED

**Confidential Information** Pursuant to 47 CFR § 0.459(a)

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation						de X					30.0				
1. Name and Mailing Address Columbine Telepho 104101 Hwy 89 Freedom, WY 8312	one C		, Inc.											is a	eck here if this change of ress.	
2. Year Report Filed 2017		Period (End vered by Re n 31 20	port)	ау	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)											
SECTION II - Full-Time Empl	oyees.							- PERME				. 17. Jelevi				
		Number of Employees (Report employees in only one category)														
loh		Race/Ethnicity														
Job Categories			anic or	Not-Hispanic or Latino											J. Hw. I	Total
		La	uno	Male					1,11			Fem		Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers TOTAL	1.1 1.2 2 3 4 5 6 7 8 9															-
PREVIOUS YEAR TOTAL	11															
					0.007											FCC 395

SECTION III - Part-Time Em	ployees	s.			Treat I			VALUE OF THE								
Job Categories		Number of Employees (Report employees in only one category)														
			And the			45	1111	The se	Race/Ethnicity		7110	V				6
	9		anic or	Not-Hispanic or Latino												
	1	La	iuno	Male								Female				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10															
PREVIOUS YEAR TOTAL	11															
SECTION IV - Report of Dise	crimina	ition Comp	laints Pursua	nt to 47 CFF	22.321, 23.	55, 90.168, 10	1.4, and 101	1.311.								
This is to advise company before										itorial, or loc	cal statutes ha	ve been filed a	gainst this			
This is to advise (Attach a list indi	the Cor	mmission th	nat the following	ng complaints	alleging viola	ations of the pr	ovisions of a	any equal emp	loyment oppor							
SECTION V - Certification																
I certify that to the best of my	knowle	dge, inform	ation, and beli	ief, all statem	ents in this re	port are true a	ind correct.									
Date	Турес	d or Printed	Name of Pers	on Signing	17-07-		Signature		0.86		/		Telephone	No.		
05/04/2017	Ro	n B. M	cCue				1	ion	-B.	M	lue			883-667		d <sub>i</sub> ,
Title of Person Signing President					OF ANY ST	ATION LICEN	TEMENTS M ISE OR CON	ADE ON THIS	PERMIT (47 L	PUNISHABL J.S.C. 312 (	E BY FINE A A)(1) AND/OR	ND/OR IMPRIS	SONMENT ( E (47 U.S.C.	18 U.S.C. 100 503).	1) AND/OR RI	EVOCATION
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